

Reclaim Social Care Webinar Thursday 20.8.20 - 4.0-5.30

Why Care? Tensions and Differences

Hi, good afternoon everyone. We are here today because of concerns that have been raised by recent government proposals to merge the NHS and Social Care.

As a start I thought I'd give you the briefest of resumes of points I've gleaned from the on-line Guardian in articles by their Political Correspondent, Simon Murphy, and Health Policy Editor, Denis Campbell.

Some time ago Prime Minister Johnson said he wished to "Fix the Crisis in Social Care". Well - we know it's in crisis but the question is - how will it be fixed?

Recently, he appointed Camilla Cavendish as his adviser, for finalising these plans. She wants to see Social Care taken away from Local Authority control and to pass the budget to the NHS to take some control in managing a new integrated service.

Further to this Johnson wants the control of the NHS to be taken away from NHS England and placed under a new authority called Integrated Care Services (ICS) a new acronym to look out for, with a more direct say for central government.

Johnson has also appointed a new health adviser. This is William Warr. He seems to be a bit of a fitness fanatic and thinks the way to reduce the NHS bill is to get us all fit and healthy. So his focus is on prevention and public health. (Not sure how Coronavirus fits in!)

We learn that there has been trouble at the top, brought to the fore by the pandemic. Apparently rivalries have erupted between Matt Hancock, Minister for Health and Social Care, and Simon Stevens, the CEO of NHS England, and also between Hancock and Public Health England.

Yesterday Hancock announced a big restructure of public Health under a new name the National Institute for Health Protection with a new head; Dido Harding. This was reported on by Simon Murphy to have already inspired much criticism and unrest.

Returning to Social Care. Jenny Morris in her blog - which I recommend - suggests a primary concern of the government seems to be managing

the movement of old people from hospitals to residential care homes whilst also safeguarding the inheritance rights of the next generation. A point that is echoed in Denis Campbell's piece.

Perhaps I'm being over simplistic but it seems to me this smacks of an age old solution of conflict resolution - You restructure, rename, remove unwanted heads and take more direct control.

We can predict this will increase expenditure, at least in the short term, produce initial chaos in the services, and reduce efficiency. It will give opportunities to line the pockets of favoured care companies, and will diminish local accountability and our power and choice over our services.

At present these merger ideas are being floated and are not YET enshrined in law but such changes can happen quite quickly by a government in control of its majority.

Local authorities are already up in arms at the prospect of losing yet more income and power to provide local services: Social Care being a large chunk of what they now provide, directly or indirectly.

What about us – what should alarm us about these proposals?

1. **FIRSTLY** Johnson's Mr. "Fix it" approach is a top down one and as Jenny Morris says in her blog – very paternalistic.
2. **SECONDLY**, centralising control of Social Care under a new quango will make it more remote and less accountable to us the users of the services.
3. **THIRDLY** passing the lead to the NHS will give a boost to medical perspectives which tend to view disability as an extension of sickness. This is one in which society (however interpreted) has a responsibility to care for people perceived as vulnerable or unable to care for themselves.
4. **FOURTHLY**- there has as YET been no interest shown towards having input from people on the receiving end of services.
5. **FIFTHLY** we can anticipate there will be little regard for the social concept of disability, and the impact that environmental barriers have in restricting people's independence.

Now, I want us to Look back at what disabled people have struggled against and for.

Back in the 1950s there was a lack of infrastructure for community support. There was the new NHS which was very importantly to provide free medical treatment and there was the National Assistance Act to replace some of the worst aspects of the poor law including removing the last vestiges of the workhouses and dreaded means test.

Over the next 20 years, in relation to disability the emphasis and direction of services was to create specialist **batch solutions** in “segregated” facilities.

Vast numbers of disabled people, of all descriptions, ended up in chronic sick wards, specialist hospitals, dedicated institutions, or chronic sick units (and now, for people with cognitive impairments, living in what are called Assessment and Treatment Units (ATU). (For some witness statements of 1960s institutional “life” see my Maggie Davis reference). These institutions were not (and still are not) benign refuges of security but more often managed by authoritarian medically dominated regimes in which bullying and cruelty was and is not uncommon and from which people could find no escape.

By the 1960s there were the beginnings of organisation and protest by disabled people, against the ways these and other services were run, and in which disabled people had little or no say. Able-bodied society and the services came heavily under criticism for the patronising, discriminating, hostile and controlling behaviour they showed towards disabled people. In 1966, in *Stigma* – a book of essays by disabled people; Paul Hunt wrote:

“Disabled people often meet prejudice, which expresses itself in discrimination and even *oppression*”.

Connections were being made between this oppression and the dominance of the medical management of so much of their lives and its concept of disability as chronic sickness. Disabled people were angry about their lack of rights to control their own lives and make their own choices and decisions, about such fundamentals as where they lived, their daily routines, friendships, and much more.

Now we come to the 1970s and 1980s which saw an increasing groundswell of protest by disabled people against their lack of rights to

participate in the normal life of mainstream society and the lack of integration caused by so many barriers.

Fundamental issues were the lack of accessible housing, and the lack of support services in the community which prevented people from moving out of institutions or their parents' homes.

Lack of opportunities to integrated education as children and adults, difficulties accessing employment, and inaccessible public transport and public facilities were all taken up.

Out of this maelstrom of struggle, important lessons were being learnt.

For instance:

Solidarity was a crucial source of strength and power.

Not only did professionals have too much power and control over the lives of disabled people but they were bound into the dominant perception of disabled people as poor, unfortunate victims of chronic sickness who needed professionally managed specialist **care** solutions.

Also, that people with no direct experience of disability, left to themselves, did not generally provide the right solutions.

That to get the right, and liberating, solutions people with direct experience needed to design and control their own services in collaborative arrangements with others. See Maggie Davis for early examples of pioneered solutions.

Also in the 1970s we had the significant arrival of the Union Of the Physically Impaired Against Segregation (often referred to as UPIAS). All of the words in their name being highly significant and it was from this group there came the new emancipating concept of disability.

For they said: disabled people were discriminated against because society was full of barriers – the environment was designed for a-b living. They were therefore disadvantaged and therefore **DISABLED** by environmental and social factors and not by their bodies.

Given this, disability was therefore a form of social oppression and it could be overcome by changing the society and removing the barriers so that everyone could participate in the mainstream. This is what is meant by the Social Model of Disability.

To overcome their oppression and disadvantage people needed to have the power to control their own lives – particularly in relation to personal life – you needed to be able to decide where and how you lived with the necessary support.

The helper/helped relationship and the concepts surrounding Care are problematic. Care fits in with the medical model of disability. Care **of**, and Care **for** people, tends to place the active role with the carer and the more passive role with the cared for.

So disabled people came up with more dynamic, more egalitarian terms of reference to describe a different type of relationship. They talked in terms of SUPPORT instead of CARE, and helpers became support workers or personal assistants instead of carers. To find more detail of all this history I recommend you read my recent book listed below.

So, however we go forward the important lessons are that the users of the new services must play a central role in the planning and running of them. I do recommend Jenny Morris blog for a resume of attempts to reform social care in the last 15 years and some of the pitfalls that were encountered. It is clear that every attempt must be made to prevent the take over and control by private companies such as the disastrous ATOS for assessing people and their support needs or ones that want to extract profit from providing institutionalised solutions, There must be resistance against any return to a medical sickness model and no return to policies that favour incarceration in institutions.

Judy Hunt. 19.08.2020

For copies of my book 'No Limits' please email huntlimits40@gmail.com.

References:

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Judy Hunt : 2019 No Limits, the disabled peoples movement, a radical history. ISBN – 978 191 314 8027

Maggie Davis: 2020; To and From Grove Road. ISBN – 978 191 314 8089